

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 3 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

CORRESPONDENCE ADDRESS

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/194,762

01/19/94

001

SHIPEN, M

1204

06/21

First Named Applicant

CASARA

TITLE OF INVENTION

NOVEL PROCESS FOR PREPARING 4-AMINO-5-HEXENOIC ACID

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1

M01645AUSA

562-574.000

B87

UTILITY

NO

\$1170.00

09/21

3. Correspondence address change (Complete only if there is a change)

Carolyn D. Moon
Marion Merrell Dow Inc.
2110 East Galbraith Road
Cincinnati, Ohio 45215

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. Carolyn D. Moon

2.

3.

DO NOT USE THIS SPACE

CS14391 09/20/94 08184762

13-2764 140 142

1,170.00CH

CS14392 09/20/94 08184762

13-2764 140 561

30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

2-3-93

(1) NAME OF ASSIGNEE

Merrell Dow Pharmaceuticals Inc.

Reel: 6325

(2) ADDRESS: (CITY & STATE OR COUNTY)

Cincinnati, Ohio

Frame: 0854/0920

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Delaware

A. This application is NOT assigned.

Assignment is being previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advanced Order - # of Copies (Minimum of 10)

6b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER 13-2764

(ENCLOSED PART C)

☒ Issue Fee ☒ Advanced Order - # of Copies 10 (Minimum of 10)☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest or record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE



C—CHARGE TO DEPOSIT ACCOU

CDM

CORRESPONDENCE ADDRESS

CAROLYN G. HECHT
PATENT DEPT.
MARTIN MERRILL DEN INC.
7110 EAST GILBERTAITH RD.
CINCINNATI, OH 45215

12M1/0521

I hereby certify that this correspondence is being deposited with the United States Patent Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on

9-12-94

(Date of Deposit)

Signature

Iss Fee 9-21-94

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
00104760	01/10/94	001	SHUTTER M	100+ 08/11/94
First Named Applicant				

TITLE OF INVENTION

NOVEL METHOD FOR PREPARING 4-AMINO-5-HYDROXY ACID

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2015-BAUSA	362-574.000	087	UTILITY	NO	\$1170.00	09/01/94

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TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT